



SPECIFICATIONS FOR

TENDER #0671-1159

**REMOVAL OF FLOORING AND BASE AND
SUPPLY AND INSTALLATION OF NEW FLOORING AND BASE
FOR WESTERN HEALTH**

CLOSING DATE: 3 November 2011

CLOSING TIME: 11:00 AM (Newfoundland Time)



Invitation to Tender for Removal of Flooring and Base and Installation of New Flooring and Base

1.0 General Provisions

1.1 Intent

This invitation to Tender is intended to obtain Removal of Flooring and Base and Supply and Installation of New Flooring and Base for the Western Regional Health Authority (Western Health) at the Dr. Charles L. Legrow Health Centre.

This Tender is concerned with the acquisition of Removal of Flooring and Base and Installation of New Flooring and Base for the Dr. Charles L. Legrow Health Centre with consideration of the following:

- Ongoing service and maintenance support.
- All manuals, documents and initial supplies.
- The right to reproduce any printed materials supplied with the product for the purpose of using the product.
- Training and training manuals.
- Future enhancement availability.

1.1.1 Western Health reserves the right to order additional units at the same price for a period up to and including 31 December 2011. Other Health Boards within Newfoundland and Labrador may avail of this tender as needed.

1.2 Client Background

Western Health was established in 2005 and is responsible for the delivery of Health and Community Services in the Western Region.

1.3 Vendor Response

1.3.1 Vendor's tender must contain an Executive Summary which shall contain:

- a. A brief description of the product being quoted.
- b. The name, title and address of the Vendor's representative responsible for the preparation of the Tender.

1.3.2 All prices quoted for goods and services must be specified in Canadian dollars, FOB Western Health. All Tenders will be held to be valid for ninety (90) days following the Tender closing date.

1.3.3 Tenders must be received in full on or before the exact closing time and date indicated. **TENDERS RECEIVED AFTER THAT TIME WILL NOT BE CONSIDERED.**

1.3.4 All costs relating to the work and materials supplied by the Vendor in responding to this Invitation to Tender must be borne by the Vendor.

1.4 Release of Information

1.4.1 While Tender is Open:

The names of individuals or companies who have picked up the tender documents will be released for construction tenders only.

Individual Authorities may determine that this information will not be released in situations where it is not in the best interest of the Authority to do so.

Upon request, this information may be released to designate(s) of the Newfoundland and Labrador Construction Association (NLCA) only. The designate(s) will be agreed upon by the Authorities and the NLCA.

This information will be released upon request from the NLCA designate(s) at a maximum once per week.

No information will be released in the seven calendar days preceding tender opening.

1.4.2 At Tender Opening:

1. The names of the bidders, and overall bid price(s) will be read out.
2. Where the overall bid price(s) cannot be readily determined, no pricing will be released.

1.4.3 After Tender Opening:

1. No further information will be released until after the contract is awarded.
2. After award, only the name and bid price of the successful bidder will be made available.
3. Information will be made available for a 90 day period only.
4. Successful Awards will be posted on Web Site.

1.5 Communication During Tendering

- 1.5.1 All communications with Western Health with respect to this invitation to Tender must be directed in writing to the attention of:

Mr. Paul Wight
Regional Purchasing Manager
Western Health
P.O. Box 2005
1 Brookfield Avenue
Corner Brook, Newfoundland
A2H 6J7
Tel: (709) 637-5511
Fax: (709) 637-5030
Email: paulwight@westernhealth.nl.ca

- 1.5.2 Western Health may, during the assessment period, request meetings with the Vendors to clarify points in the Tender. No changes by the Vendor will be permitted after the Tender closing date.
- 1.5.3 Faxed Tender responses will be accepted with the condition that the original Tender documents are received at Western Health's Materiels Management Department no later than **Five** working days following the Tender closing date.
- 1.5.4 All bids must be sent in a sealed envelope clearly marked with Tender Name and Number to: Materiels Management

Department, Western Health, Western Memorial Regional Hospital,
Lower Level, P.O. Box 2005, Corner Brook, NL A2H 6J7.

1.5.5 Bids submitted by electronic transmission (e-mail) will not be accepted.

1.5.6 Companies submitting fax Tenders are doing so at their own risk and the fax Tender must be at the public opening as specified in the Tender information. This Authority will not be responsible for in-house courier services if companies submit quotations by fax machine. The time stated on the fax Tender will become null and void since it is the responsibility of the company placing the Tender to have their Tender at the public opening, therefore, this Authority will not be responsible for any damages or liabilities.

1.5.7 In order to contribute to waste reduction and promote environmental protection, the Western Health will endeavour to acquire goods and services that support these principles, therefore, product(s) quoted should include:

- maximum level of post-consumer waste and/or recyclable content
- minimal packaging
- minimal environmental hazards
- maximum energy efficiency
- potential for recycling
- disposal costs
- must not reduce the quality of the product required or affect the intended use of the product
- must not significantly impact the acquisition cost

1.5.8 Are the quoted price(s) on this tender (where applicable) available to our employees?

Yes No N/A

Administratively the Western Health Authority will not be involved in ordering, servicing, warranty and payment; the employee(s) would deal directly with the company.

1.6 **Tender Acceptance**

1.6.1 Any acquisitions resultant from this invitation to Tender shall be subject to the Public Tendering Act.

- 1.6.2 The Tenders shall be opened in the Private Dining Room at The Western Memorial Regional Hospital on the scheduled date and time.
- 1.6.3 Any Tender may be accepted in whole or in part. The lowest Tender may not necessarily be accepted and Western Health reserves the right to cancel the Tender call. Western Health shall not be held responsible or liable for the payment of any costs that are incurred by the bidder in preparing a Tender in response to this invitation to Tender.

1.7 Warranty

- 1.7.1 The Vendor shall warrant that the product supplied to Western Health shall equal the published specifications.
- 1.7.2 The Vendor shall provide no less than a 1-year warranty on the system. The Vendor agrees to provide free of charge all parts and labour necessary to repair the system during the first year of operation.
- 1.7.3 Vendor shall indicate the warranty start date _____.
- 1.7.4 Vendor shall indicate the individual who will be providing the service and the nearest service location.

- 1.7.5 Is a board replacement program available and at what cost?
Yes No
Cost: _____

2.0 Product Specifications

- 2.1 All interested bidders must complete a site visit to be arranged by contacting Kenny Meade, Support Services Manager, Dr. Charles L. Legrow Health Centre at 709-695-4517
- a) Full replacement of approximately 20,000 square feet (no VOC adhesive)
 - b) Removal of existing 4 inch vinyl base in corridors and full replacement with 6" vinyl base. Base adhesive, no VOC approximately 1000 feet
 - c) Removal of existing 4 inch vinyl base in patient areas and full replacement with 4" vinyl base. (approximately 3000 feet) Base adhesive, no VOC. (color to be determined)

- d) 2.0 mm polyurethane reinforced Homogenous flooring
Johnsonite – Aria the Tarket collection 658 Iced Tea CB
(or equivalent), Weldrod 1291821
- e) Infection Prevention and Control Standards will have to be adhered to with the site providing all barrier controls, ventilation and supplies. The contractor will be required to follow control measures and provide their workers with required PPE.
- f) A pre-bid meeting will be required with on site staff of Infection Control, Bed Utilization and Support Services Manager to outline plans for implementing Infection Control Measures, Contractor obligations, on-going work inspections and outline how any issues will be addressed. This one meeting will be set for all bidders together at a mutual beneficial time for facility staff. Date and time to be confirmed.
- g) Contractor will be required to work mostly day shifts with some weekends and evenings where area schedule dictate. Actual availability of rooms will be flexible as patient census dictates however, every effort will be made to accommodate the contractor with a regular ongoing daily schedule in advance where possible.

3.0 **Presentation / Training / Service**

3.1 **Presentation**

A presentation of the Tender and / or a demonstration of the product / system shall be provided, if requested, at the Vendor's expense.

3.3 **Service**

3.3.1 The Vendor shall confirm in writing that Parts and Labour will be available for the quoted system for not less than seven (7) years after the warranty period.

3.3.2 The Vendor shall provide as an option, pricing for a one-year Service Contract including all parts and labour after initial warranty period ends.

3.3.3 The Vendor shall provide a minimum of 2 copies each of the Operating, Parts and Service Manuals which must accompany the equipment when shipped.

4.0 **Installation**

A. Are there utility requirements:

1. Electrical Voltage: _____ Amperage: _____

2. Drains: Yes _____

3. Water: Yes _____

Other: Yes _____

Specifics: _____

B. If the device contains a battery, state the battery type and typical life cycle (hours of operation and charging time). State additional systems or work required to maintain the battery.

C. The equipment (except if solely battery operated) must comply with C.S.A. standard No. C22.2-125 (Biomedical), or 114 (Radiology), or 151 (Laboratory), or C22.2 No. 601.1 plus applicable particular standard(s) and be certified by an organization accredited by the Standards Council of Canada.

Yes No

D. The equipment must be labeled with C.S.A. 125 Risk Class or C.S.A. 601.1 Equipment Type. Yes No

E. Equipment that requires on site certification to meet CSA Standards must be completed by an accredited testing organization. The cost of this must be covered by the supplier.

Yes No

F. Will any site preparation be necessary? Yes No

If yes, explain _____

G. All supplies required for the initial start up and/or commissioning of the equipment shall be included.

Yes No

H. Will this equipment require any unloading equipment to make safe receipt at time of delivery? Yes No

I. If installation is involved, the Vendor shall coordinate the delivery and installation of the equipment.
Yes No

5.0 Product History and Vendor Reputation

5.1 The Vendor shall provide a list of three (3) organizations where a similar Unit has been installed. Include a contact person for each organization.

6.0 Financial Considerations

6.1 All applicable taxes shall be indicated in the Tender.

6.2 The cost for installation, initial set-up and programming shall be included in the Tender price.

6.3 All costs for training shall be included in the Tender. This includes any travel, meals and accommodation.

6.4 Terms of Payment

The Authority agrees to pay the full invoiced amount within 30 days following acceptance of the installed system by Western Health. Acceptance testing will be completed within 30 days following the complete installation of the system.

7.0 Vendor Confirmation (please sign)

I confirm that our Tender meets or exceeds the specifications detailed in this invitation to Tender. I also confirm that all specifications are included in the quoted price. Any items that are optional are noted accordingly.

Signed _____

Title _____

Company Name _____

Address _____

Phone _____

Tender Price \$ _____ **Tax Extra Yes** _____ **No** _____

TENDER CHECKLIST

TENDER #0671-1159

DID YOU INCLUDE

- | | | |
|---|------------------------------|-----------------------------|
| HAS TENDER SUBMISSION BEEN SIGNED | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| COPY OF REQUIRED TENDER DOCUMENTS | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| COPY OF BROCHURES (IF REQUESTED) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| COPY OF WCB LETTER OF GOOD STANDING (IF REQUIRED) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| COPY OF PROOF OF INSURANCE (IF REQUIRED) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| AMOUNT OF TAX NOTED ON REQUEST FOR QUOTATION FORM | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| OPTIONAL PRICING FOR TRAINING INCLUDED | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

NOTE: TENDER RESPONSES MAY BE REJECTED IF YOU ANSWER “NO” TO ANY OF THE ABOVE QUESTIONS.